

**Governor's Commission
To Review and Advise on the Implementation of
New Hampshire's Medicaid Care Management Program**

MINUTES

June 5, 2014

1:00-4:00PM

Portsmouth Public Library Portsmouth, NH

Welcome and Introductions

Commissioner Mary Vallier-Kaplan called to order the meeting at 1:11pm. Mary announced that the meeting is streaming live and being recorded for future access.

Mary thanked our host, Steve Butzel, Assistant Director, Portsmouth Public Library. She also thanked our tech support: Bob James, Executive Director, One Sky; George Fryburg, Director, ConnectNH; William Hurd, UNH WAN Group, Connect NH and Jerry Hunter, Director Information Services, Crotched Mountain Rehabilitation Center.

Use of video streaming was suggested by individuals and ABLE NH to provide greater access to more Medicaid providers and clients who are unable to attend the meeting in person. The Commission would like feedback on the effectiveness of this service.

The Commissioners' introduced themselves to the public.

Committee Role and Work to Date

Commissioner Vallier-Kaplan reviewed the purpose of the Commission which is to provide oversight on behalf of the Governor and the public regarding the planning and implementation of Medicaid Care Management in NH by informing and educating all parties about current and best practices. Items presented at each Commission meeting are based on what has happened since the last meeting as well as the next steps of implementation. DHHS staff participates in supporting the agenda. The Commission makes recommendations to the Governor based on presentations to and discussion of the Commission. To date these recommendations address the following:

1. Medicaid Expansion.
2. Public reporting on MCM implementation
3. Implementing a medical home model
4. Implementing best practices of behavioral Health including a substance use benefit (pending)

The Governor has met with the Commission every few months to review progress, engaging with the Commission as well as the public about next steps.

Update on Legislative Long Term m Supports & Services

Commissioner Vallier-Kaplan introduced Rep. Laurie Harding, Co-Chair Ad Hoc, and Long Term Care Committee. This Committee works to better understand the case management portion of long term care. Given that NH is already ranked 4th in the country as to the proportion of people over 85 years of age, and that by 2030 this demographic will have increased, there is a critical need to develop state policy on aging and subsequently funding. Given that in NH, Counties are responsible for the welfare of its elder population and the State is responsible for those on Medicaid, these two parties have been studying the issue together and will be bringing forth a plan later in the summer. A presentation of the plan will be made to the Commission.

Questions from the Public:

Can you identify the contact person for Rockingham County on this work?

A: Rep. Harding said she would provide that information if contacted.

Review and Approval of Commission Minutes from May 1, 2014:

A Motion was made by Commissioner Fox for approval and seconded by Commissioner Porter. All in favor. No opposed. Passed with corrections.

DHHS Update:

Commissioner Toumpas gave updates on the basic statistics of first 6 months of the Care Management Program, the withdrawal of Meriden as a NH MCO as of July 1, and the NH Health Protection Plan for 19 to 64 year old population.

Commissioner Toumpas stated there has been a dramatic increase in enrollment in the Medicaid program from January to end of April. This is driven by a change in eligibility methodology, which streamlined the process. The majority of new clients are children, 20% are parent care givers. The remainder is pregnant women.

Commissioner Toumpas stated currently there are 120,000 in the Care Management Program, who were either mandated or chose to be in program. Quality will be assessed in the July 1st set of data they are compiling. Upon entering the 3rd year of our contractual agreements, they are refreshing the rates paid to the managed care organizations. DHHS is moving forward with a contract amendment which will go to Governor and Council on June 11th for approval. All changes in behavioral health are listed on the DHHS website. The first 6 months consisted of major changes and with that, certain issues arose. Most significant issues were with prior authorizations and appeals; anything else is being dealt with on case by case basis. No one

should assume they know the issues so it is important to report them directly to the department.

Commissioner Toumpas stated that DHHS started the new program with three health plans. Under federal Medicaid regulations, clients must be able to choose from at least two health plans. Meridian has indicated that they had a desire to leave the state. The plan submitted an official notice stating their intent to withdraw and that their organization is committed to a smooth and orderly transition. There are currently 30,000 enrolled in Meriden plans. DHHS has a team that is working closely with the other 2 MCOs to ensure a smooth transition. A press release was issued this Tuesday about the departure of Meriden. In the short term clients do not need to do anything. Clients will continue to go to providers and the provider will continue to bill Meridian. Meridian will be issuing letters specific to their members in reference to the transition so they can choose from one of the other two plans. After July 10th, clients will be auto assigned if they do not choose a plan. Clients will still have 90 days to change after that if they are not happy with their new plan. Meridian will be responsible up until July 31 of this year and providers can submit bills until July 2015. DHHS is working toward a smooth transition of continuity of care and prior authorizations from Meridian to the other two other plans. This is a difficult circumstance but they will make it as seamless as possible.

Commissioner Toumpas provided an update on the NHHPP. On the 22nd of May the department did its last state plan amendment change. The alternative benefit plan will include substance abuse services but does not include long term supports and services. He said the Department is working closely with Governor's Office and Federal Government, and will go live when services are available for delivery and approvals are in place.

Commissioner Toumpas provided an update on the Section 1115 waiver. This has the building capacity for roughly 60 million state health spending dollars to improve the physical and behavioral health system. The waiver was submitted around June 1st, we are hoping the Federal Government will act on it by the end of year.

Questions from Commissioners:

Commissioner Norton: Can you address the delay from the July 1 "go live" target?

A: Commissioner Toumpas answered that the Department has to have approval by the Federal Government to stand up the new program. The department will be announcing when the go live date will be. The Governor, Department, MCOs and providers want to get this up and going as soon as possible, with the best interest from all of us to do it responsibly and correctly.

Commissioner Shumway: Are there any critical networks that will be lost as access points given Meridian's departure from the market?

A: DHHS has one area lead person in the transition who is Carol Sideris, Director of Client Services. DHHS has had calls with various providers and providers groups in regards to the issues of prior authorizations, deepening our provider networks, and we have been working with Children's Hospital in Boston to ensure continuity of care. All 3 plans currently have relationships with Boston Children's with Meridian being the only one that has been working on a contractual level. The goal is to have the other two plans formalize and strengthen their relationship with Children's.

Commissioner Goldsberry:

Will we have another round of auto assignment if former Meriden clients do not make their own choice?

A: Yes there will be auto assignments for those who do not choose a plan. DHHS intends to apply lessons learned from the last time they did auto assign so that our exchange in data is more efficient, and those things will go much smoother. To get information to the clients, Meriden as well as DHHS will be mailing letters explaining the change as well as instructions on what they need to do.

Questions from the public:

In regards to the rate amendment, NH Healthy Families is involved in a lawsuit in Kentucky for leaving their program early. Is NH involved with the same activities with this company?

A: Commissioner Toumpas answered for the State that the biggest driver is behavioral health in regards to the rate increase. They have talked with them directly about this issue of the lawsuit, it is not directly related to anything they are involved with the State of NH. Payment of rates that are paid to the care management organizations on a per member per month basis is meant to go to the providers, that is up to the MCOs on how to work with their providers.

Why can't we get a one page form for the prior authorization process? A simpler form and have it cross over to all groups?

A: Commissioner Toumpas answered that they are not sure of a one page form, however, conversations have been happening with the MCOs and they are getting strong feedback. This one is on the radar for fixing.

Question from the Public: Thank you for the information, but to be specific, will dual folks have the opportunity to opt out and go back to the original Medicaid? Second question will there be no long term services in the alternative health package?

A: Commissioner Toumpas answered that anyone who is voluntary can opt out of the program at any time they wish. The alternative benefit plan is for the newly eligible age 19 to 64 years of age. This package contains the 10 essential health benefits, as well as EPSDT, substance abuse disorder and chiropractic care. Long term support and services are not part of the benefit package, although, there is what is known as a medically frail option. Anyone who meets the criteria will go into traditional Medicaid.

Will the reason Meridian has pulled out become public knowledge? A: Commissioner Toumpas stated that the reason is explained in the press release. They are based in Michigan. Territory and regions closer to them are seeing a lot of activity, therefore, they want to keep their business closer to them.

A Health Home for Older Adults: Introduction & Background

Commissioner Vallier-Kaplan introduced Commissioner Fox: to facilitate this agenda item.

Commissioner Fox introduced Commissioner Berner, Executive Director, Grafton County Senior Council and a new Commission member. Commissioner Berner went over a wide range of services that are provided in Grafton County. Commissioners Fox and Berner went through a question and answer session on services provided and what some of the needs are to support seniors. See Question and answer sheet provided.

Questions from Commission:

Commissioner Goldsberry believes the challenge is how to modernize the work of home care providers given that usually the rules are what get in the way.

Commissioner McNutt added that social resources have developed multiple dimensions over the years.

Medicaid Care Management Long Term Supports and Services

Commissioner Vallier-Kaplan introduced Lorene Regan; Bureau Chief of Developmental Services and Susan Lombard; Director of Operations, Bureau of Adult and Elderly Services.

Ms. Regan and Ms. Lombard went over the planning of long term services & supports. It was stated that this work will be starting this month with public forums. Dates and time will be posted on the MCM website and the Gov's Website. (See attached slide presentation.)

Questions from the Commissioners:

Commissioner McNutt: While the participation of elder and adult providers is comprehensive, there is a concern as to how to reach out to care givers or home bound patients. Service Link could be a resource by doing focus groups.

A: Ms. Regan stated that the key issue will be to how to reach out to choices for independence clients and, family members, and making sure the public is aware.

Commissioner Fox stated that the stakeholder lists are a challenge. Although the resident council is a great avenue at nursing homes, Granite State Independent Living, people with disabilities, and care givers who receive services are also good resources.

Commissioner Goldsberry: What is happening with the planning efforts related to SIM planning?

A: Ms. Regan stated that those guiding our work also are the stakeholder groups who participated in SIM process planning system.

Commissioner Moral: Upon looking at the stake holder engagement list, is this an umbrella of the council?

A: Ms. Regan clarified the question as are there opportunities outside the council to be a stakeholder as a separate entity? A: Ms. Regan answered that the quality council intentionally has very limited resources who takes in and understands the feedback that in turns helps to communicate strategy back to the council. Any ideas would be asked to be brought back to the council.

Commissioner Shumway: Revisiting page 5, will there be documents produced against the planning steps? If so, how will we see them and when will we see them?

A: Ms. Lombard answered that we have been keeping a tight track on the research on this and we do intend to add to it. Use of Survey monkey has made it easy to transfer to another report. With the work in recommendations that has been brought to stakeholder groups the references and recourses will be able to provide the information requested.

Commissioner Bunnell: Will the State be applying for the SIM grant funding?

A: Commissioner Toumpas answered at this point he doesn't have details of the funding opportunity analysis regarding system. A non-binding letter of intent has been signed, and then will be submitted. The application is due July 21. DHHS is looking at other planning design for

a broader health population. Governor is in support of that approach. DHHS is currently developing a team and evaluating what we want to do with that.

Commissioner McNutt: Stated there will be an opportunity on June 16th and 17th in conjunction with AARP, at a national convention where there will be several CMS states that have implemented managed care. He would like to share that information once attended.

Questions from public:

In regards to the discussion including mental health or dementia care for elders, she had recommendations.

A: Ms. Lombard answered that she would like to hear her recommendations.

Do you know where the regions will be for the forums?

A: Ms. Lombard answered that these are still in the works but accessibility and parking will be a major concern. They will be working within the department over the next few weeks on this.

Does the Department have plans to re-structure?

A: Ms. Regan stated that the quality council has strong structure stakeholders groups, with updates at all meetings.

Area agencies have done a great job of long term services, how can you bring in a MCO and achieve savings and maintain quality? Is there a concept that could be put into a position paper as to how that would occur?

A: Commissioner Toumpas answered it is a process that leads to a concept then leads to discussions with other people. I don't have a plan already made, I have ideas. Care management was not a state in the nation. We have a solid foundation to build and focus on quality and outcome and better efficiencies and quality of care, not money. We focus on quality and define what the key principals look like based on a whole person. Mental health and seniors, at another time the department is looking at organization, making sure all aspects of the client orients around the whole person. As we look forward to long term support and services. It's a small segments and still a segment that consume a significant amount of dollars more efficiently.

Questions from public: In the final process it appears that the majority on the council understand the process that is represented to aging in the populations?

A: Ms. Lombard stated that on slide 11 are some of stakeholders, which will be included in stake holder group meetings in the next month. They will be looking at quality measures and how to reach members that are already in the process.

Questions from public: How is the information integrated along all services in long term support and services?

A: Ms. Lombard answered that work across this information is integrated and shared; to make sure a cooperative system.

Update on Behavioral Health:

Commissioner Norton updated the Commission on Recommendation # 4. A draft was presented in April and is still tabled. There has been a lot of work toward this over the last few weeks and months, with significant progress in mental health with MCO's continuation of agreements and conversations. This is a two part process for contracts with MCO's and DHHS. The department contract has been signed and is heading to Governor and Council. Continued concern is sustaining of the process and programs, strength of terms in contract with the department.

Substance abuse to work with providers and department, components defines benefits and what will be the credentialing standards. For both organizations and individuals, there is already a good pool available to provide these services to clients within the state. Xerox can take up to 60 days to get them approved.

At this time the Commission will continue to leave this recommendation tabled for now.

Commissioner Shumway suggested that we schedule this as a formal agenda item for next meeting with managed care and payment reform and how it applies to mental health.

Public Listening Session

Public: We have grave concerns about the Developmental system for 20-25 year old developmental and physical disabled. Had connections to a lot of networks, health care providers, and pediatrics they were able to collect concerns about Boston Children's hospital from. They would be happy to forward the email to us. Process of prior authorizations is ridiculous, Boston Children's Hospital is not part of either one of the two remaining plans. What is the mechanism for the qualifications of people making decisions for these patients?

A: Commissioner Vallier-Kaplan stated that is something that we are monitoring as well as the idea in uniformity of paperwork and prior authorization. The Commission will take your information to the correct place. What are we going to be doing about Boston's Children's?

Commissioner Toumpas cannot mandate anyone at this point, yet we recognize the critical role they play. Appreciate you sending the email to him so they can address these systemic issues.

Question from the public: Regarding the 8.4% rate increase, when will financial data be available so that the public can see that?

A: Commissioner Toumpas answered that it will be posted at a later date. The Department had a rate analysis update for the existing Medicaid population. That needs to be done and approved by CMS for the newly eligible population. All contract amendments need Governor and Council approval.

The DHHS will begin series of public forums on the NHHPP on Monday in Concord 5:30pm to 7:00pm. The public forum here in Portsmouth will be in July. A press release has all the information in it in regards to the 12 sessions in various areas.

Question from the public: On the substance abuse piece. Is this benefit only for the expanded population? If so, it concerns us about the needs of the pregnant women.

A: Commissioner Toumpas answered the substance disorder piece is focused only on newly eligible. They are committed to move forward with funding in order to make it available to those who are currently on Medicaid.

Question from the public: Since implementation isn't going to be starting July 1st what about services that are required to cover oral health? What does that mean in terms of reimbursement and training?

A: Commissioner Toumpas offered to check into the answers on these questions.

Question from the public: You are assuming the number of 50,000 but you stated that there are 35,000 thousand under Medicaid expansion?

A: Commissioner Toumpas stated that we would see over 50,000 up to 2019. We haven't stood up the program yet, however once the program is ready to go they will rely on the 30,000 to 38,000 applications that have been received through the Marketplace under the Affordable Care Act through the open enrollment period ending in March.

Question from the public: Is there a reason you don't have the information yet?

A: Commissioner Toumpas answered that the Federal Government hasn't given it to them yet.

Statement from the public: I am astounded that you have no plan in the bottom drawer. MCO is sucking more money from the state. Things like this should have been ironed out before the use of MCO was instigated.

A: Commissioner Toumpas stated that they planned the care management program. That was put forward in law by the state and we did realize that would be complicated, in order to include all of the state and services it would have to do that in 3 phases. The second is long term support and services. In the second step, they will define what that will be. NH defines how the MCO's work. The contract defines what they are "buying" from the MCO's.

Question from the public: Were you aware of what the legislative was doing before this?

A: Commissioner Toumpas answered that there were public sessions held and he recognized this is a major policy change for state. Looked at this as a program that was essential, they believe it is with better coordination and management.

Question from the public: What was the vehicle to let people know this was happening?

A: Commissioner Toumpas answered that there have been very visible and public forums, as well as meetings with the Executive Council.

Commissioner Shumway thanked the audience for their attendance.

Meeting adjourned 4:15pm.

The Minutes were approved with minor revisions at the meeting of the Commission on July 10, 2014.